**40/**520707

PATENT APPLICATION SERIAL NO.

## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

01/14/2005 SHAJARRO 00000041 10520707

01 FC:2631 150.00 0P 02-FC:2632 250.00 0P 03 FC:2633 100.00 0P 57/11/2005 PKIDWELL 00000018 10520707 01 FC:2642 200.00 OP

92 FC:2632

-259.00 OP

"PTO-1556 (5/87)

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                   |   |                      |           |
|---|---|----------------------|-----------|
| 1 Date of Request: 2 Serial/Patent 20107        |   |                      |           |
| 3 Please refund the following fee(s):           | 4 PAPER<br>NUMBE  |                      | 6 AMOUNT  |
| Filing  |   |                      | \$        |
| Amendment                                       |   |                      | \$        |
| Extension of Time                               |   |                      | \$        |
| Notice of Appeal/Appeal                         |   |                      | \$        |
| Petition  |   |                      | \$        |
| Issue   |   |                      | \$        |
| Cert of Correction/Terminal Disc.               |   |                      | \$        |
| Maintenance                                     |   |                      | \$        |
| Assignment                                      |   |                      | \$        |
| Other   |   |                      | \$        |
|   | 7 TOTAL AMOUNT OF REFUND \$  8 TO BE -REFUNDED_BY: 6036623325 |                      |           |
| 10 REASON:                                      | Treasury teheck: \$58.69                                      |                      |           |
| Overpayment                                     | CreditXXDeposite8A/C #:                                       |                      |           |
| Duplicate Payment                               | 9   |                      |           |
| No Fee Due (Explanation):                       | Ĺ   |                      |           |
|   |   |                      |           |
|   |   |                      |           |
|   |   |                      |           |
| 11 REFUND REQUESTED BY:                         |   |                      |           |
| TYPED/PRINTED NAME:                             |   | TITLE:               |           |
| SIGNATURE:                                      |   | 92 FC:2632<br>PHONE: | -250.88 0 |
| OFFICE:<br>************************************ |   |                      |           |
| APPROVED:                                       | DATE:   |                      |           |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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